

*Office of Public
Health Social Work*

*Success Stories
2007*



Message from the Director

Dear Friends,

Public health social workers have been an integral part of South Carolina's public health efforts for well over a half-century. During this time, their activities have been diverse and impressive. The same is true today.

We are pleased at this time to share a few of the recent success stories that have involved our DHEC public health social work staff from across South Carolina.

The Office of Public Health Social Work is proud of the major contributions public health social workers make regularly on behalf of the citizens and communities of this fine state.

Thank you for your support of their efforts!

Sincerely,

A handwritten signature in cursive script that reads "Marvin 'Reg' Hutchinson, LISW-CR&P".

Marvin "Reg" Hutchinson, MSW, LISW-AP& CP
State Director, Office of Public Health Social Work
South Carolina Department of Health & Environmental Control

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/Issue

Recent natural and man made disasters within the United States have brought to light the dire need to have a ready and able public health workforce that can be mobilized to respond immediately. Critical to this effort is the ability to identify, credential, and corroborate licensures of volunteer medical professionals willing to respond to a major public health disaster or pandemic event. The South Carolina Department of Health and Environmental Control's (SC DHEC) Office of Public Health Preparedness adopted two national programs to address this issue: Early System Advanced Registration Volunteer Health Professionals (ESARVHP) and Medical Reserve Corps (MRC). During recent national man-made and natural disasters volunteer medical professionals were turned away because there was no housing organization that could provide the professional and personnel information required to utilize them during a medical disaster. In 2007, SC DHEC placed a volunteer coordinator in each public health region charged with developing the co-programs, ESARVHP/MRC at the regional level. The ESARVHP computerized state database would be developed at the state level and populated by the coordinator at the regional level. The MRC would be developed according to national guidelines established by the Surgeon General's Office. The interpretation in the state plan requires that the MRC's be community engaged, address the geographic hazards of the region, and be partnered with local community and emergency departments.

/Intervention

- Initial understanding of public health emergency preparedness at the national, state, county, and community level was required for application and approval from Surgeon General's Office to establish The Western Piedmont Medical Reserve Corp.
- First plan developed and implemented was the volunteer marketing plan, which included identification of the potential volunteer base within the eight county region.
- Second plan developed involved communicating the presence of the ESARVHP/MRC to the community in a non-threatening manner, to dispel any apathy toward start up state initiatives, program and volunteer encroachment.
- Primary challenge was lack of funding which resulted in using the marketing approach 'word of mouth' a slower but more effective marketing tool.
- Potential agency partners were identified and contacted twice. The first contact was an introduction of the programs with a request to contact at a later date to set up a formal meeting / presentation.
- Third plan developed identified how to sustain the programs in an eight county area with local emergency jurisdictions.

This plan had to include the resiliency and retention plan for volunteers, as the most influential factor was region geographic spread. The plan also had to address any future loss of funding for support of the programs at the state level and relocation to the county level.

/Impact

The presence of ESARVHP/MRC at the regional level has forged new partnerships within the preparedness communities. Non-profit agencies, academic institutions of higher education, and for profit industry have employees who have registered as volunteers. Presently 78 volunteers representing 6 of our 8 counties have registered. A recent region wide Pan Flu exercise gave evidence both that the county emergency departments and hospital administration understood the importance of the presence of these programs as an asset to their emergency planning for hospital surge. The present and growing community and volunteer support of the ESARVHP/MRC programs offers the necessary validation and credibility at the county level to ensure building a strong and lasting foundation for these programs with in the community.

Contact

Joanne Whatley, LMSW
DHEC Region 1
220 McGee Road
Anderson, SC 29625
864-260-5650 (PHONE) 864-260-5623 (FAX)
whatlej@dhc.sc.gov

Issue

After receiving a phone call from a previous client, the Disease Intervention Specialist (DIS) referred this HIV and Hepatitis C positive African American male to the Social Worker for depression and suicidal ideations.

Suicide is a national public health issue and it is the 2nd leading cause of injury death in South Carolina. Males are four times more likely to commit suicide than females. Suicide is one of the most preventable deaths when effective intervention occurs. Risk factors that increase the potential for suicide and suicidal behavior may be bio-psychosocial, environmental or socio-cultural in nature.

This suicidal client demonstrated risk factors in all three areas. He grieved the loss of a well-paying job and his social status in the community. Client lacked support from friends and family, and he had a sense of isolation because of the rejection by his mother and the stigma of being gay and infected. Managing fatigue and weight-loss from his medication, along with his feelings of hopelessness, played a significant role in his depression and plans for suicide.

Intervention

CDC funding supports a Masters-prepared Social Worker through the South Carolina Department of Health and Environmental Control to provide the therapeutic intervention needed for clients with HIV and clients at high-risk for contracting HIV. The Social Worker intervened by identifying the suicidal risk factors and working with client (two to three times per month and later one to two times per month) for six months on positive coping skills, setting goals, replacing negative thoughts with positive self-statements, exploring his spirituality, and gender issues. As a result, the client was able to deal with his feelings of rejection, loss, and hopelessness.

Impact

Seven (7) weeks later, the client came into the clinic and happily reported being focused and more confident. He has a job and he is moving into a new apartment. In eleven weeks, he will finish his Hepatitis C treatment and he hopes he will be infection-free. His HIV viral load is undetectable and his symptoms are well managed. He is letting go of an unhealthy relationship of seven years and is setting goals to get involved in doing HIV advocacy in the community.

- This client has not become a suicide statistic in South Carolina because of:*
- Early detection of signs/symptoms of suicide*
- Social Worker as a resource for referral*
- Social Work assessment of all risk factors*
- Effective Social Work therapeutic intervention that remained until client improved*

This timely skilled intervention served to stop a preventable death.

Contact

Michelle McKinzie, LMSW
DHEC – Region 2
200 University Ridge
Greenville, SC 29602
864-596-2227 x.246 (PHONE) 864-596-3443 (FAX)
mckinzmh@dhec.sc.gov

Social Work Skills Prove Invaluable in Local Disaster Response

Issue

A cloud of hydrochloric acid hung over the small town of Great Falls in Chester County. An old mill was burning and the dangerous fumes formed when water hit heated plastics stored there.

Over 1000 residents were immediately evacuated and could not return to their homes for days. They were under a great deal of stress and in need of help.

Intervention

Chester County Emergency Management, South Carolina National Air Guard, American Red Cross, and South Carolina Department of Health and Environmental Control (DHEC) were among the entities responding to the disaster.

The DHEC Office of Public Health Social Worker's Emergency Response Unit advised the Region 3 social work director of the need for a psychosocial team. He dispatched a social worker familiar with the community to the scene. She reported to DHEC personnel at Incident Command and began addressing several crises already identified. She then located the Red Cross shelter, met the director, and learned of other issues rapidly arising. She kept her social work supervisor advised of needs and he organized other Region 3 social workers familiar with Chester County to assist. The team of social workers rotated on and off the scene through the weekend and the next week until no longer needed.

Impact

Multiple social work roles and skills were utilized in this disaster response.

- being a calming, supportive presence for those in crisis*
- assessing their needs*
- advocating for them*
- overcoming barriers to maximize services and resources for them*
- keeping them informed*
- following up with them as needed*

SCDHEC social workers have these skills. The effort of the ones involved in this incident was recognized and appreciated by members of the Great Falls community, by Red Cross personnel, and by other DHEC disciplines.

The Office of Public Health Social Work will continue to strengthen and promote social worker's ability to provide professional and effective services during times of crisis, as well as, business as usual.

Contact

Martha Hinson, LMSW
DHEC - Region 3
P.O. Box 3057 Cherry Rd Station
Rock Hill, SC 29732
803-909-7300 (PHONE) 803-909-7369 (FAX)
hinsonme@dhec.sc.gov

Issue

African Americans in Lancaster County South Carolina are more likely to die prematurely from heart disease, stroke, and cancer than their Caucasian counterparts. Trends in Lancaster County reflect statewide trends. For example, heart disease is the leading cause of death in South Carolina and in Lancaster County and stroke is the third leading cause of death in the state and fourth in Lancaster County.

- In 2002, the rate of stroke deaths among African Americans (96 per 100,000) in Lancaster County was more than twice that of whites (40 per 100,000).*
- The death rate in 2002 for heart disease among African Americans (475 per 100,000) was almost 1 ½ times that of whites (356 per 100,000) in Lancaster County.*
- In 2002, the death rate for prostate cancer among African Americans (42 per 100,000) was 7 times that of whites (6 per 100,000) in Lancaster County.*

Intervention

Thanks in part to Block Grant funds and a grant from the J. Marion Sims Foundation, the South Carolina Department of Health and Environmental Control (DHEC) has implemented Healthy and Whole, a faith-based health initiative that addresses health disparities. The goals are to reduce early onset and premature deaths from chronic diseases through education and awareness of lifestyle choices and their impact on one's health. Initiatives include:

- Targeting African American adults age 25-45 because of the disproportionate number with chronic diseases in adults age 45+.*
- Train the trainer workshops provide lay congregational health promoters with information and materials for use in educating their respective congregations. Training topics covered include, heart disease, stroke, diabetes, hypertension and cancer prevention by focusing on healthy eating, increased physical activity and tobacco cessation.*
- Trainings delivered through a collaboration with several organizations and agencies including, Clemson Extension Services, Lancaster Diabetes Education Center, Lancaster County Library, Springs Memorial Hospital, Lancaster County EMS and the Palmetto Project's Heart & Soul Initiative.*

Impact

Twenty-one African American congregations in Lancaster, Great Falls and Fort Lawn have partnered with Healthy and Whole to establish health ministries for their congregations. As a result of Healthy and Whole and the congregational health ministries:

- Ten congregations have formed walking and/or other clubs to increase physical activity.*
- All twenty-one congregations have established rules against using tobacco products in the church sanctuary. Three congregations are developing informal policies against use of tobacco products on church grounds, as well as new policies to include healthier food choices at congregational meals.*
- A prostate cancer awareness campaign is being conducted through several churches in Lancaster County. Prostate cancer screenings are available for 200 men age 40+ through a grant from the South Carolina Cancer Alliance.*

Contact

Janet Ellis, LMSW
DHEC – Region 3
PO Box 817, Lancaster, SC 29721
803-286-9948 (Phone) 717-783-5498 (FAX)
ellisjb@dhec.sc.gov

Fetal Infant Mortality Review Committee “Making A Difference”

/Issue

The purpose of Fetal Infant Mortality Review is to systematically examine factors that play a role in the death of babies: lifestyles, medical care as well as services provided by health and social/welfare agencies in the community. It is a local, state and national initiative to help identify problems which when resolved can help reduce the number of infant and fetal deaths within the community. The goals of FIMR are to identify gaps in current services, provide better coordinated services, give families a voice in the process, improve interagency communication, and achieve enhanced visibility and credibility for families.

Richland and Fairfield Counties, and many other counties in South Carolina as well as the entire Southeast region of the United States, have high infant mortality rates. The Richland County FIMR committee meets monthly to review de-identified cases of fetal and infant deaths to families that live in Richland County. Fairfield County's FIMR committee meets at least quarterly. Both committees review information from the prenatal care records, hospital records, health department records, coroner's office, and other sources of information when available. Mothers of the babies/infants who die are asked to participate in a home interview to help us learn from their experience and to help them through a difficult period in their life. Confidentiality of all personal information about individuals and their families is highly guarded. The home interviews are provided by a licensed Master's Social Worker and the hospital records and birth/death certificates are reviewed by a Registered Nurse.

/Intervention

The committees look at individual cases to understand actual problems faced by mothers and families and make recommendations to resolve systems issues to improve the health care delivery systems and provide culturally appropriate educational interventions focusing on minority populations in Richland and Fairfield Counties. The goals are:

- To determine preventable causes of death of infants from birth to one year of age and SIDS deaths
- To review health care delivery systems issues and develop recommendations as appropriate.
- To identify and implement best practice strategies to reduce infant mortality/SIDS.
- To educate the public, in particular minority women in their childbearing years and their partners, and reducing risks of infant mortality

/Impact

Evaluation has focused on process and impact level changes. Process level changes include the diversity and participation of the FIMR committee, the number of cases reviewed, the number of recommendations that were acted upon, and changes that resulted from these recommendations.

- Publicized findings through multiple media outlets.
- Working with local community groups to implement changes in service delivery that could ultimately reduce infant mortality rates in our community.
- Evaluation of the Project which looks at system changes or recommendations has come from physicians and other medical personnel serving on the committee. The committee takes constructive changes back to their hospitals, clinics and offices as appropriate for implementation.
- Representatives of Healthy Start have also implemented changes in their programs based on FIMR recommendations.
- The Regional Perinatal System Developer has been successful in recommending and highlighting changes in the OB/GYN Community and hospitals as appropriate.

We will continue to use this mechanism as part of our evaluation of the program. This process serves to increase collaboration among community policy-makers, civic groups, health care providers and service agencies.

Contact

Danese C. Ruff, LMSW DHEC - Region 3
2000 Hampton Street
Columbia, SC 29204
803-576-2895 (PHONE) 803-576-2720 (FAX)
ruffd@dhec.sc.gov

Janet Tapp, MPH DHEC – Region 3
2000 Hampton Street
Columbia, SC 29204
803-576-2782 (PHONE) 803-576-2999(FAX)
tappjw@dhec.sc.gov

South Carolina Older Adults Discover It's a "Matter of Balance"

/Issue

Mabel Yates from the Lee County Council on Aging states, "A Matter of Balance has taught me ways to stay safe and active. I can do more for myself since I finished the program. The easy exercises are fun, and I'm still doing them at home. If I can do it, anyone can."

Falls are the leading cause of unintentional injury and injury deaths among older adults in South Carolina. The fear of falling is a major risk factor for falls, and many older adults become fearful and lose confidence in themselves as they age. Lee County was chosen to participate in a National Association of Chronic Disease Directors' grant project because of its need and capacity. Lee County is poor and underserved with a large minority population, mostly African Americans. Programs for older adults are few, and access to traditional health programs is limited. Lee County's Faith and Health Ministry, an interfaith partnership of more than 25 churches, offered a unique opportunity to reach older adults not traditionally served by other programs.

The top medical conditions affecting participants in the Lee County Fall Prevention Project included arthritis, high blood pressure, diabetes, and heart disease. Over half of the participants had some type of orthopedic problem as well. In the last few years, 15% of participants experienced at least one fall.

/Intervention

The National Association of Chronic Disease Directors granted project funding to the South Carolina Department of Health and Environmental Control and the SC Lt. Governor's Office on Aging to help older adults stay active and independent. The evidence-based program "Matter of Balance" was chosen as the intervention.

"Matter of Balance" consists of nine sessions that include ways to reduce the fear of falling, safety measures, and easy exercises for participants to do at home. In Lee County, "Matter of Balance" was offered in 5 sites including 3 churches, 1 community center, and the County Council on Aging site. Fifty-eight participants began the series of classes and thirty-eight completed at least 6 of the 9 sessions. The majority of participants were African-American females and the average age was 71.7 years.

DHEC Region 4 social work staff participated on the Lee County Fall Prevention Project Core Team which was responsible for the planning and oversight of the project, the training of lay leaders for "Matter of Balance", and mentoring to community organizations that offer the "Matter of Balance" program in Lee County.

/Impact

The Lee County "Matter of Balance" classes resulted in participant improvements in the following areas:

- confidence to control the risk of falling*
- confidence to handle a fall should it occur*
- balance by 2 seconds*
- mobility by 3 seconds*
- walking activity*

Participants responded that they enjoyed the program, did most of the exercises at home, and shared what they learned with family and friends. Lee County is continuing to offer A Matter of Balance beyond the project period. Furthermore, the project provided a great learning opportunity that will help with expansion to other areas of the state.

Contact

Ramelle Coker, LISW
DHEC – Region 4
105 North Magnolia Street, Sumter, SC 29150
803-934-2872 (PHONE) 803-773-6366 (FAX)
cokertr@dhec.sc.gov

Issue

All of us saw the toll that Hurricane Katrina placed on the Gulf Coast particularly as it related to behavioral health issues. A recent article in American Journal of Public Health, April, 2007 concluded from a survey conducted at one of the major shelters that sixty-two percent of the sample met Acute Stress Disorder (ASD) threshold criterion. Projections based on the predictive power of ASD to posttraumatic stress disorder (PTSD) suggest that 38% to 49% of the sample will meet PTSD criteria 2 years post-disaster. Therefore, Katrina-related trauma and its psychological impact will remain a significant public health issue for years to come.

Disasters affect the social fabric and equilibrium of communities in which they occur, leaving community members highly vulnerable to stress reactions and individual trauma. Behavioral health teams have the potential to be an important source of social support, and can be considered an important piece of a community's emergency preparedness and response structure. Communities that develop and maintain behavioral health teams have a significant advantage when psychosocial services are immediately needed after a disaster as well as in the aftermath.

Intervention

Social work staff from the South Carolina Department of Health and Environmental Control (DHEC) Region 4 participated on the USC Academy of Public Health Emergency Preparedness Team over the past year 2007 along with several community members from Region 4. The purpose of this team was to:

- *Establish a Regional Behavioral Health Advisory Team by combining the already existing Florence and Wateree teams with the long term goal to establish a behavioral health team in all 10 counties in Region 4.*
- *Develop a consistent plan for dealing with behavioral health issues during emergencies across Region 4.*

The Academy team presented their final project in June to the other Academy teams from across the state and later to the Region 4 Advisory Team. We also scheduled our first Regional Behavioral Health Advisory Team meeting which included Emergency Management Directors and Mental Health Emergency Preparedness representatives.

Impact

Through these efforts, the Regional Behavioral Health Advisory Team was developed and has been meeting regularly since the Academy and the Region 4 Public Health Preparedness Director helped coordinate the process. In the beginning DHEC and USC held several trainings on Behavioral Health in Emergency Preparedness funded through a HRSA grant secured by DHEC for team members. This provided us with some invaluable resource materials. The last several months we have been working on the regional plan.

Future plans include identifying a "county champion" and developing a county team. We now have another team attending the USC Team Based Institute (name change) and they will be working on the role of the "county champion" with the development of core competencies and a training module. We also would like to be able to present to the counties and other groups on what is the role of the Behavioral Health Team.

DHEC social work staff has been working on the psychosocial aspect of emergency preparedness for several years. We are proud that behavioral health is now being recognized as a vital missing piece in Region 4 Mass Casualty Plans. We hope our endeavors will be successful and open the door for other areas in our state.

Contact

Ramelle Coker, LISW
DHEC - Region 4
105 North Magnolia Street
Sumter, SC 29151
803-934-2872 (PHONE); 803-773-6366 (FAX)
cokerrt@dhec.sc.gov

Mamie Elmore, LMSW
DHEC - Region 4
145 E. Cheves Street
Florence, SC 29501
843-661-4830 (PHONE) 843-661-4859 (FAX)
elmoremh@dhec.sc.gov

/Issue

Infant child, Nehemiah, (nicknamed “Nemo”) on DHEC Home Health in Chesterfield County with short-gut syndrome and multiple medical problems required a liver and intestine transplant. Before the major surgery there were weekly trips to the hospital in Columbia to deal with infections, vomiting, a bloated abdomen, and other complications from his congenital birth defect.

This is a rare condition in babies occurring during fetal development only 1 in 5000 times when there is a small opening in the intestinal wall that comes in contact with the amniotic fluid. The longer it is exposed to the fluid the more damage occurs.

The family had no income and no transportation for local trips much less the prospect of facing major surgery in a distant state. “We were struck by how many things they needed just to get through the week”, said Moore, the Home Health nurse.

/Intervention

DHEC Home Health staff rallied to the family’s aid by helping with daily practical needs. There were also two other small children in the family, now ages 3 and 4 who also needed attention. There was also family conflict in “Nemo’s” extended family as they tried to figure out how to cope with the situation. This is where SW jumped right in and sprang to action displaying the holistic approach that is necessary when things are this complicated. He helped her make decisions, assisted with an application for SSI, referred to CLTC, helped set up a fund for donations for the transplant and even wrote articles to the local newspaper to secure public interest. An article was also in the DHEC newsletter. Many of our DHEC family throughout the state made contributions to this fund because our SW made them aware of the dire need. Counseling was provided to the family to help them deal with the many feelings about the situation and to make the long-term care plans. Transportation was arranged through RTA. The local Home Health office did “adopt” them for Christmas and showered them with gifts including a digital camera where his Mom could chronicle his progress.

/Impact

Jack Rhyne deservedly was awarded the Home Health Impact Award for 2007 along with Pat Moore, RN. Baby “Nemo’s” mom who has grown so much throughout this journey was also able to be at the event when Jack and Pat received the award. Jack is the medical social worker in Chesterfield and Marlboro Counties (and also covers the Hartsville area in Darlington County). He has been an employee with DHEC Home Health Services since March 20, 1992.

Nemo did have the transplant surgery completed on February 25, 2007 and is doing well. Dad has found full-time employment. Mom and other children have adjusted well. Mom commented in her letter that was sent in for this award, “Jack Rhyne is spectacular. He came to my home and set things in place. Mr. Rhyne believed that anything was possible....he covered all angles of options. He has really made a difference in the way I used to see life. His smile alone is one of the few forms of hand that holds on to mine as I travel this long road.”

Contact

Jack Rhyne, LISW
DHEC – Region 4
203 North Page Street
Chesterfield, S.C. 29709
843-623-2206 (PHONE) 843-623-2469 (FAX)
rhynejw@dhec.sc.gov

Issue

When 12 year old twin sisters who normally grace the school's honor roll receive over 30 referrals for negative and disruptive behavior at school, there must be an underlying reason. Because the girls were missing multiple days of class due to in-school and out-of-school suspensions, the social worker became involved. The students shared that "school was no longer a challenge to them and the school would not listen to their concerns."

Truancy is a term used to describe any intentional unauthorized absence from [compulsory schooling](#). Beyond the effect that missed schooling may have on a [student's](#) educational attainment, truancy may indicate more deeply embedded problems with the student, the [education system](#), or both. In addition missing school due to misbehavior and other "reasonable" excuses were also examined. This is what the SC Department of Education funded truancy prevention project in Marion County School District One and Dillon County School District Two set out to uncover.

Intervention

The South Carolina Department of Health and Environmental Control (DHEC) Region 4 social work staff have worked to reduce some of the alarming statistics in Marion County School District One and Dillon County School District Two. Through this grant DHEC supported a Licensed Medical Social Worker (LMSW) to develop positive working relationships with key players in these two school districts. Some of the intervention strategies employed include:

- parent conferences with school to complete Attendance Intervention Plans (AIP) to establish primary and specific goals
- student conferences at school and at home to assess student concerns and what student identifies as the problem(s) (The twins were offered an opportunity to serve as volunteers in a medical setting, something they were interested in)
- group interventions to provide opportunities for additional dialogue and exchange with peers
- staff conferences to gain insight, to increase knowledge base regarding student's behavior and academic performance
- home visits to assess environmental and social impact on child
- collaboration with nurse to discuss any medical reports or history
- working with parent coordinator in scheduling conferences
- attendance coordinator and resource officers linking the school and court
- available to assist the principal with crisis cases and keep him abreast of progress being made with truancy efforts

Impact

Through this project, the relationship between psychosocial issues and school attendance was demonstrated. The LMSW received 132 referrals in Marion County School District One and 155 in Dillon County School District Two in 2006 at the beginning of the project. Since that time it has been noted that:

- truancy and in-school suspension rates have decreased
- more students are linked to medical homes
- there are decreased absences due to resolved health issues
- the rate of parental involvement in their child's attendance increased
- In the first five months of the project (2006) there were 75 referrals. From August, 2007 to December, 2007 there were only 23 referrals. We feel like this is mostly due to the strong efforts made by the LMSW the previous school year. (There have been 0 referrals made on the twins this school year.)

From this pilot project it was determined that social work intervention is greatly needed in the schools with high truancy rates. Outcomes from the School Truancy Project are being further studied in an evaluation of cost-effectiveness of school social work, jointly conducted by DHE/SDE staff and social work faculty Michelle Alvarez, MSW, Ed.D, Minnesota State University, Mankato and Lynn Bye, MSW, PhD, University of Minnesota, Duluth. Results will be presented at several national conferences. Many other entities and organizations are also looking at the successes of this model to carry to other school districts in the state.

Contact

Susan Brewington, MSW
DHEC – Region 4
201 South Hampton Street, Dillon, SC 29536
843-774-5611 (PHONE) 843-774-1047 (FAX)
brewinsm@dhec.sc.gov

The Dance of Truancy and Homelessness

/Issue

Middle School students Randy and Cecilia live in a motel but do not know one another. Troy and Denise are unsure of where they will stay night to night. Each gets ready for school but never make it. Too much work for mom to handle alone. Four families denying the need for help when the school calls because of another missed day. Four students labeled truant as a result of homelessness. This is the life of hundreds of school-aged children each year. Their families are homeless and school becomes a secondary thought to all involved. Survival and stability not studies and students take center stage.

If school aged children do not successfully matriculate through their academic process they will inevitable become a public health statistic lessening their chance to become healthy, productive, responsible citizens of SC. As educational attainment increases there is a decrease in the continuation of cyclical behavior and responses.

/Intervention

The South Carolina Department of Health and Environmental Control (DHEC) in collaboration with South Carolina Department of Education have been working to address the issue of truancy within the public schools across the state. Utilizing a few select numbers of social workers, particular attention was given to understanding the vast reasons and solutions for truancy. In Orangeburg County, Yvette Jeffries, LMSW has had the opportunity to examine how homelessness and truancy go hand in hand.

By looking beyond the regulatory procedures of truancy being a set number of unexcused absences from school, families began to see the school as another resource to assist them with maintaining family independence.

Social Worker helped many of these families move past their immediate concerns and explore the positive attributes that school offered students outside of textbook knowledge.

By completing thorough assessments and connecting families with appropriate services and resources, families were more apt to work with school officials regarding attendance and discipline issues.

/Impact

Community awareness and understanding, mutual respect and cooperative measures are some of the results from this intervention. Families have begun to lessen their adversarial relationship with the school and trust them with issues outside of their child's academic performance.

There was a 50% decrease in referrals to the solicitors' office for family court processing.

Families were given the opportunity to demonstrate willingness for change before referrals were processed

School officials were seen as helpers in the process instead of instigators of trouble.

Students and caregivers were more readily to discuss peripheral issues that impacted family structure, dynamics and school related concerns.

Contact

Crawford Dinkins, LMSW
DHEC – Region 5
1550 Carolina Avenue, Orangeburg, SC 29116
803-533-7104 (PHONE) 803-533-7134 (FAX)
dinkinc@dhec.sc.gov

Closing the Gap On Infant Mortality

/Issue

South Carolina has the 7th highest rate of infant mortality of all states and Region 6 had the highest rate of infant mortality in SC. A close review of the data (2000 – 2002) clearly showed that the African American rate was the highest in the state at 24.10 per 1,000 live births.

/Intervention

Region 6 of the South Carolina Department of Health & Environmental Control, was awarded a HRSA grant to reduce infant mortality in the African American population. Public Health Region 6 is comprised of Georgetown, Horry, and Williamsburg counties. The regional project is called Closing the Health Gap on Infant Mortality: An African American Focused Risk Reduction Initiative (CTG). The project focused on three areas of service: individual care, community involvement, and Fetal Infant Mortality Review (FIMR).

Individual Care

The project used a multi-disciplinary approach to care. Face-to-face contact is made at least monthly, but is usually more frequent. The pregnant woman and her infant are followed until the infant is one year old.

Community Involvement

Using social work best practices for community social work, CTG has been able to secure the involvement of many groups and organizations. CTG held community meetings in each of the counties, which resulted in improved involvement from the community and increased partnerships. CTG also provided mini-grants to community organizations that were involved in initiative.

Fetal Infant Mortality Review (FIMR)

The coordination of FIMR activities is a component of the CTG project. At the start of CTG, there were two active FIMR Committees in Horry County. None was in Georgetown or Williamsburg counties. Under social work guidance and with the support of key community persons, there are 2 FIMR Committees in Horry County one in Georgetown, and Williamsburg County. The committees are made up of community leaders, medical, hospital, and public health personnel.

/Impact

A complete analysis of the data will be done after the project ends on June 30, 2008. However, our database indicates that all, except one of the clients that qualify, were enrolled in WIC. 90% of our clients have their first prenatal appointment within a month of their prenatal assessment by the social worker. The breastfeeding caseload has increased at least by 10% since CTG started referring CTG clients. None of the CTG infants have died from SIDS. As a matter of fact, we have had no infant death within our caseload and less than 20 fetal deaths.

Contact

Tressa Devlin, LMSW
DHEC – Region 6
2830 Oak Street
Conway, SC 29526
843- 527-4947 (PHONE) 843-527-4859 (FAX)
devlintb@dhec.sc.gov

/Issue

Jamie, an 8th grade student, was smart but not attending school. When she did come to school, she got into trouble. There are a lot of reasons why students don't come to school, but for Jamie it was all about what was happening in her family that was beyond her control—Mom exhausted from being the only “breadwinner” in the family and little time/energy leftover for Jamie's concerns; father and older siblings in and out of the criminal justice system; and the need to move away in order to save money. She felt as though she had no one to turn to who would understand how she felt and who could help her find solutions that were better than getting into fights. Prior to meeting with the DHEC social worker at the school, she had signed an “Order To Attend” and been charged with fighting in school. Jamie and the social worker put together a plan that would work for Jamie. She has not missed another day of school and she is focused on being successful in school.

Jamie's story is just one example why truancy rates have been escalating in South Carolina. Understanding the staggering drop out rates were primarily an education issue, the State Board of Education stepped in and made the problem a priority. Truancy is a predictor of multiple negative consequences that are not limited to the following: substance abuse, teen sexual activity, unwanted pregnancy, violence, adult criminality and incarceration and unemployment. The average school dropout costs society more than \$800,000 during the course of a lifetime (National Center for School Engagement).

/Intervention

With grant monies from the State Board of Education, DHEC was able to place a social worker in a middle school in Region 7 for three years. After seeing the benefit, the Berkeley County School District used their school funds to pay for a DHEC social worker in the second and third year of the program.

In the summer of 2006 representatives of the school, the Solicitor's Office, DHEC, The State Department of Education and community agencies were brought together to develop a comprehensive truancy intervention program that includes these priorities:

- Principals understand the importance of addressing truancy
- Required training for Attendance Clerks
- Parents are informed/educated about laws that govern truancy
- System in the Solicitor's Office that decreased the response time from months to weeks
- Parents have one more opportunity from the Solicitor's Office to sign an “Order to Attend” before going to court
- Mediation process is offered when an Order to Attend is signed
- Monthly meeting of the community committee to address issues/make changes

/Impact

- 15% of the cases do not go forward into the court system
- Truancy rates have dropped 70% this year
- Berkeley County hired an additional school social worker for their district
- Social workers are now able to work with the children and their families to address problems that may lead to truancy before it becomes a court issue

Contact

Mary Beth Horton, ACSW, LISW, CP
DHEC – Region 7
3 Charleston Drive, Charleston, SC 29403
843-579-4547 (PHONE) 843-579-4623 (FAX)
hortonme@dhec.sc.gov

Issue

The behavioral health component of the community disaster planning process had been identified as being underdeveloped in Region 8. In addition, there was a growing awareness of the need for inclusion/integration of behavioral health services as noted in federal, state and local documents. Documentation of events from 1993-present supports the evidence that behavioral health surge on systems during a disaster has and will outnumber medical casualties and overwhelm any existing system. These events include the World Trade Center bombing, Oklahoma City bombing, World Trade Center, Kenya Embassy bombing, Anthrax, Madrid bombing, London bombing and others. Region 8 recognized that planning was not coordinated across our community and knew that more horizontal planning was needed. People equipped with collaborative leadership skills in our community needed to be key players in the planning process.

Intervention

Early in 2007, Region 8 assembled via the Mass Casualty Planning group, a community team to attend the Academy for Public Health Preparedness. This team included representatives from community area hospitals, the Region 8 Director of Public Health Preparedness and Barbara Laurie, MSW, LMSW. The project was developed over a 6 month period.

- *Goal: develop plans, procedures, protocols for a Beaufort County Behavioral Health Team during a community disaster*
- *Identification of team members/organizations*
- *Planning/ coordination of a forum to educate/inform stakeholders of the BHT concept; formation of discussion groups and identification of interested participants*
- *Development of draft Standard Operating Procedures (SOP) were the successful outcomes of the Academy's team*

Core group of persons representing Naval Hospital, Beaufort County Schools, Beaufort County government, Department of Mental Health, local hospitals and Department of Health and Environmental Control have continued to meet and has :

- *Adopted Standard Operating Procedures*
- *Developed Job Action Sheets for coordinator, team leader and team members*
- *Developed draft training module*
- *Developed draft assessment tool*
- *Developed self assessment tool*
- *Developed Behavioral Health Team Orientation Manual*
- *Planned, coordinated f/u meeting with ESF-8 partners*

Impact

Joining together has brought power and influence and a sense of strength and unity in the community. The issues and concerns of behavioral health are tremendous and require the involvement and participation of the entire community. Having plans in place and having a good working relationship makes it easier to modify the plans because there is an established structure and mutual trust. We have developed a strong commitment resulting in positive planning and plan outcomes. This process has enhanced relationships and collaborations with other state, county, and local agencies.

Contact

Barbara H. Laurie, MSW, LMSW
DHEC – Region 8
1407 King Street, Beaufort, SC 29902
843-525-4084 (PHONE) 843-521-5507(FAX)
lauriebh@dhec.sc.gov

*Gratitude is expressed to the CDC and the SC DHEC Bureau of
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training on documenting Success Stories.*

